

Form No 1.

(1) PLACE OF BIRTH
County of Laurin
Township of Sullivan
or
Inc. Town of
or
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
86390

Registration District No. 2906 Registered No. 83
(For use of Local Registrar)
St. Ward
City of (No. St. Ward)

(2) Full Name of Child The child is stillborn
If child is not yet named, make supplemental report as directed
(3) Boy Boys Twin or Triplet? Yes (5) Number in order of birth 11 (6) Are Parents Married? Yes (7) DATE BIRTH Oct 7 1916
(Name of Month), (Day), (Year)

FATHER.
(8) FULL NAME Robert Fitcher Abercrombie
(9) PRESENT POSTOFFICE OF FATHER Gray Court S.C. #4
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 11

MOTHER.
(14) NAME BEFORE MARRIAGE Anna Eugenia Ellison
(15) PRESENT POSTOFFICE OF MOTHER Gray Court S.C. #4
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housework
(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was stillborn at 9:30 AM on the date above stated.
(23) (Signature) A. O. Stewart
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Fountain Inn, S.C. #1

Given name added from a supplemental report
Dec 2, 1916
Mr. J. S. Sullivan
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Mr. J. S. Sullivan
(27) Filed Nov 24 1916 (28) Mr. J. S. Sullivan
Local Registrar

NOTE—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
S. Cav. of Columbia.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return if a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.